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÷ ;	this form, together w	MAR 29	or Fax	P.O. Box 1450 Alexandria, Vir (571)-273-2885	rginia 22313-1450	
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APPLICATION NO.	FILING DATE	T	FIRST NAMED INVE	NTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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10/628,438 FITLE OF INVENTION: O	07/29/2003 PTICAL APPARATUS		Chien-Chang Hu		101 297	3270
APPLN. TYPE	SMALL ENTITY	ISSUE F	EE P	UBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700)	\$300	\$1000	05/09/2006
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Change of correspond Address form PTO/SB/12 "Fee Address" indicat PTO/SB/47; Rev 03-02 of Number is required.	ation form	(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
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